

THE CONTINUING EDUCATION COORDINATOR'S ***BULLETIN***

INFORMATION AND IDEAS FROM THE INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER

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"EARLY INVOLVEMENT"

Case Presentation #1:

A busy clinician decided to take on the additional task of coordinating a one day course on a disease of particular concern to him and his service unit. After he had planned the meeting, he realized he needed to "apply for CE credits." Since he had to get the brochure out, he decided to include the statement, "AMA credits applied for." The "Proposal for a Continuing Education Activity" he completed was received at the IHS Clinical Support Center two weeks before the activity. The CSC was unable to sponsor this course or award continuing education credits; several other potential sponsors of CE to whom he inquired also turned him down. The attendees felt misled in that there was no CE credit for the event.

The Clinical Support Center is the central organizational unit in the IHS designated as a sponsor of continuing education. CSC is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Nurses Credentialing Center Commission on Accreditation, and the American Council on Pharmaceutical Education (ACPE). One of CSC's major roles is to assist IHS and Tribal entities with planning continuing education activities. By virtue of its intimate involvement in the development, implementation, and

evaluation of activities, the CSC is able to award continuing education credits for them.

Sponsorship is not meant to be an after-the-fact approval of activities for continuing education credits. In the words of the Accreditation Council for Continuing Medical Education, **CSC must "participate integrally in the planning and implementation of each sponsored activity."**

When a "Proposal" arrives after an activity is totally planned and just before it is to begin, this hardly allows us to have any meaningful involvement with design and implementation. This is not to suggest that the activity is not a valuable learning experience; we are simply saying that if we had no part in the process to develop it, we cannot say we did and sponsor it.

So how far ahead is "early involvement"?

We have avoided absolute deadlines for the submission of a "Proposal for a CE Activity" for several reasons. We want to be as flexible as possible (although if credit for pharmacists is sought, ACPE does require more than 60 days prior notification). To some extent, the "deadline" is a function of the complexity of the activity: it would be much longer for a complex, four day course than for a one hour lecture.

Participants deserve to know in advance who

the accredited sponsor is and what continuing education credit will be awarded. Obviously, if this information is to be included in the publicity and brochures, as it should be, we need to be working together early enough to be able to reach a sponsorship agreement before publicity is printed and distributed. Most accrediting organizations discourage or prohibit the use of statements to the effect that "continuing education credits have been applied for."

Suffice it to say that the time to contact the IHS Clinical Support Center to inquire about sponsorship and continuing education credits is when you conceive of or **start** to plan an activity, not after all of the details have been worked out. We have no intention of controlling the planning of your activity; we simply need to be involved in the process and have the opportunity to offer assistance when we feel we can help. Coordinators who have worked with us in this process have found that we can make their job easier and their CE product a better one.

Although the CE planning steps are occasionally looked at as "requirements" (or obstacles), they are really useful tools to improve the learning experience. For this reason, we never ask you, as a CE coordinator, to do something "because it is required." Rather, we try to show you how, if you use these tools to your advantage, you can produce a better product for those who participate.

Case Presentation #2:

A busy clinician was asked to coordinate a conference for her service unit in several months on the impact of alcoholism on the care of diabetic patients. Since she had not done anything like this before, but had heard we would help, she contacted CSC right away. We agreed to sponsor this with her and were able to share with her ideas about

topics, speakers, and formats from several similar conferences at other IHS facilities. We assisted with assessing the specific needs of her service unit and offered her examples of evaluation strategies. By the time she was ready to announce the course, we were able to designate CE credit for physicians, nurses, and pharmacists, and she was able to include this information in the brochure. Those who attended were impressed with the quality of the first meeting she had ever planned.

ABOUT THIS "BULLETIN"....

This is the fourth issue of this Continuing Education Coordinator's *Bulletin*. We apologize for the hiatus in publication; we will try to be more consistent in the future.

For those of you who have not seen this *Bulletin* before, each issue tackles one or two aspects of the continuing education process to try to help you with your CE efforts at your service unit or program. Prior issues have addressed "Commercial Support of CE," "Reporting Attendance," and "Announcements and Brochures." We encourage you to let us know what topics you would like covered; chances are if you have questions about something, so do many other CE coordinators.

If you are not on the mailing list for this *Bulletin* or wish to receive any back issues, please call us at 602-263-1581 or write to:

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